



## DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 1.3.35	Subject: <b>BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN AND HEPATITIS B IMMUNIZATION</b>
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 3, plus attachment
Section 3: Personnel	Revision Date:
Signature: /s/ by Director 12/9/96	Effective Date: April 1, 1997

### I. POLICY:

It is the policy of the Montana Department of Corrections to comply with the Blood Borne Pathogens guidelines as outlined in A.R.M. 24.30.102.

### II. AUTHORITY:

24.30.102, ARM. Occupational Safety and Health Code for Public Sector Employment  
50.71.101, MCA. Occupational Safety

### III. DEFINITIONS:

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).

**Universal Precautions** means all human blood or blood products and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

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#### **IV. PROCEDURES:**

##### **A. Exposure Determination**

1. By policy, each facility/program shall identify job classifications which may have exposure to air, bloodborne, and body fluid pathogens or other potentially infectious material.
2. Examples of groups, tasks and/or procedures in which exposure most often occur:

Medical Services	First Aid/CPR
Nursing Care	Dental Treatment
Direct Offender Supervision	Handling Laundry
Housekeeping Tasks	Food Service Tasks
Facility Maintenance and Repair	Industry Training

##### **B. Implementation Schedule and Methodology**

Universal precautions will be observed in the Department to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Each facility or program will develop an Exposure Control Plan in compliance with A.R.M. 24.30.3102. The plan developed at each facility will be made available to each employee and a handbook on Blood Borne Pathogens will be distributed to current employees and new employees upon hire.

##### **C. Hepatitis B Immunization**

Each facility or program shall provide vaccinations, without charge, for Hepatitis B to all employees determined to be at occupational risk. Immunization of employees is not required but is encouraged particularly for high risk groups.

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**D. Hepatitis B Procedures:**

1. Give each existing employee and each new employee a copy of the A Hepatitis B Vaccine Disclosure Form@ (attached). Provide information on Hepatitis B.
2. Each employee must elect to receive or waive the vaccine as indicated on the Disclosure Form. Retain this form in the employee's personnel file.
3. Provide vaccinations by appointment as described on the Disclosure Form. Maintain an immunization record and appointment schedule.
4. Submit blood samples to the Montana Department of Public Health and Human Services Public Health Laboratory for post vaccination testing of serologic response to Hepatitis B vaccine six to eight weeks after the third dose.
5. Provide an additional booster if serologic test is negative. Retest for serologic response six to eight weeks after booster injection.

**V. CLOSING**

Questions concerning this policy shall be directed to the facility Personnel Officer or the Safety Bureau of the Department of Labor and Industry.

# **DEPARTMENT OF CORRECTIONS**

## **HEPATITIS B VACCINE DISCLOSURE FORM**

### **Hepatitis B - The Disease**

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active Hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute Hepatitis and also reduce sickness and death from chronic active Hepatitis, cirrhosis, and liver cancer.

### **The Vaccine**

Hepatitis B vaccine is produced from recombinant cultures and is therefore free from association with human blood or blood products. It has been extensively tested for safety and efficacy in large scale clinical trials with human subjects. A high percentage of healthy people who receive two doses of vaccine and booster achieve high levels of surface antibody (anti-HBs) and protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six-month period although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical Hepatitis in spite of immunization. The need for booster doses will continue to be assessed, but is not recommended for adults with normal immune status at this time.

### **Vaccine Side Effects**

Injection site soreness is the primary reaction. Also included are redness, swelling, warmth and hardness of the injection site, all of which subside within 48 hours. Occasionally low grade fever (less than 101.2) will occur which subsides within 48 hours. Systematic complaints include malaise, fatigue, headache, nausea, dizziness, muscle and joint pain - they are infrequent and limited. Rash is rare.

### **Indications for Receiving the Vaccine**

People working in the health care field are at higher risk of being infected with Hepatitis B than most other segments of the population because of their contact with infected blood products. Risk of infection increases with frequency of contact with blood. Infection may occur when Hepatitis B virus, transmitted by infected body fluids, contacts mucous surfaces or is introduced through accidental breaks in the skin.

Those health care workers at highest risk (according to the Center for Disease Control) are dialysis nurses, lab personnel (particular blood bank and phlebotomist personnel), followed by operating room staff, IV therapy personnel, emergency room and intensive care unit nurses. Other health care workers are at varied risk according to their contact with blood. The American Hospital Association lists those at moderate risk as those who have some exposure to infected blood, but with only occasional, generally accidental risk of percutaneous inoculation, such as housekeeping and central supply personnel and nonsurgical house staff. @

### **Contraindication**

Vaccine should be administered with caution to individuals who have exhibited previous systemic allergic reactions to the vaccine or any of the ingredients in the formulation. Administer with caution to individuals with severe cardio-pulmonary status. Vaccination should be delayed in any individual with serious active infections unless withholding the vaccine is considered a greater risk. On the basis of limited experience, there is not apparent risk of adverse effects to developing fetuses when Hepatitis B vaccine is administered to pregnant women (CDC, unpublished data). The vaccine contains noninfectious HbsAg particles and should cause no risk to the fetus. HBV infection affecting a pregnant woman may result in severe disease for the mother and chronic infection for the newborn. Therefore, neither pregnancy nor lactation should be considered a contraindication to vaccination of women. However, pregnant and nursing mothers are advised to seek counsel from their personal physician before taking the vaccine.

### **Other Hepatitis Diseases**

This Hepatitis B vaccine does not prevent Hepatitis caused by other agents such as Hepatitis A virus, non-A, non-B Hepatitis viruses, or other viruses known to infect the liver. Treat all blood and body fluids as potentially infectious.

### **Employee Procedure**

A. Sign consent form to receive vaccine.

- B. 1 ml of Hepatitis B vaccine is administered in the deltoid muscle, IM at 0, 1, and 6 months.
- C. Serologic test for Hbs Antibody initiated six to eight weeks after third dose of vaccine.
- D. If anti Hbs negative, a booster IM vaccination is given and the serologic test is repeated six to eight weeks later.

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ACCEPTANCE STATEMENT**

I have read the above statement about Hepatitis B injection and Hepatitis B vaccine. I have had an opportunity to ask questions, and I understand the benefits and risks of vaccination. I am aware that the vaccine is administered intramuscular. I understand that I must have three consecutive doses of vaccine to confer immunity to Hepatitis B. However as with all medical treatment, there is no guarantee that I will become immune, or that I will not experience an adverse side effect of the vaccine.

\_\_\_\_\_ **I choose to receive Hepatitis B (Recombinant) vaccine. I hereby release the State of Montana, the Department of Corrections, and any of its officials and employees from any liability incurred through normal operation of this program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Date Vaccinated</b>	<b>Lot #</b>
_____	_____
_____	_____
_____	_____

**DECLINATION STATEMENT**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood, or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_ **I choose to not receive the Hepatitis B vaccine at this time. However, I reserve the right to request inoculation at a future date.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_